



Version 1.0

APPLICATION FORM – DONATION – LUNDBECK AFFILIATE

Date: (yyyy/mm/dd)	
Name of applicant organisation and type of organisation: (E.g.: Patient organisation, medical/scientific association, university, local community initiative, etc.)	
Address of applicant: (Physical address)	
Contact person's full name, phone number and email address:	
Type of support requested: (Financial donation, in-kind donation, etc.)	
Purpose and scope of the requested support: (Thorough description - to verify if Lundbeck can support the purpose and also to understand the scope of activities.)	
Time frame of the supported activity: (A "one-off" activity or support over a limited time period, etc.)	
Value of the donation applied for - detailed budget breakdown: (I.e. financial support excl. VAT, in-kind or non-financial contribution with its estimated value.)	
Other information or supporting documentation that the applicant deems important for the application: (Please attach documents to the application if necessary)	